Price of Medicines

1828. SHRI AIMADUDDIN AHMED KHAN (DURRU): Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the spiraling prices of medicines, which have gone beyond the reach of the common-man;

(b) if so, whether the revised National Health Policy contemplates eradication of certain diseases over a definite period of time and for effective control of others;

(c) if so, the details of the programmes, disease-wise; and

(d) the steps taken to keep the medicines required therefor within the reach of the average and poor patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) In the changing economy, revision of prices of medicines as in other commodities, is a normal feature. While the prices of some medicines increase, some others decrease.

Under the provisions of the Drug (Prices Control) Order, 1995, the prices of 74 bulk drugs and the formulations containing any of these drugs are controlled. The Government/NPPA fixes/revises their prices from time to time as per formula provided under DPCO. In respect of drugs which are not covered under price control (non-scheduled formulations), the manufacturers are free to fix the prices by themselves without seeking approval of Government/NPPA. Such prices are normally fixed depending on various factors like the cost of bulk drugs used in the formulations, cost of excipients, cost of R&D, cost of utilities/packing materials, sales promotion cost, trade margins and quality assurance cost etc.

The Government/NPPA regularly monitors the movement of prices of medicines of mass consumption marketed in trade channel and takes action whenever instances of unreasonable increase in prices affecting public interest adversely are noticed.

In order to keep a watch on the prices of medicines marketed in the country, the NPPA regularly analyses the price trends in the market. An analyses of date (December, 1998-December-2001) of ORG-MARG,

which publishes monthly report of "Retail Store Audit Market for Pharmaceutical Producers in India" revealed the following position with respect of prices of medicines having a minimum annual sale value of Rs. 1.00 crore:

(i) There were 2557 such medicines which existed during 1999 to 2001.

(ii) The prices of 54%, 51% and 49% of the above medicines have gone up during the year 1999, 2000 and 2001 respectively.

(iii) the prices of 12%, 8% and 9% of the above medicines have decreased during the same period respectively.

(iv) The prices of 34%, 41% and 42% of the above medicines have remained same during the same period respectively.

(b) and (c) The main objective of this policy is to achieve an acceptable standard of good health amongst the general population of the country. The approach would be to increase access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Overriding importance would be given to ensuring a more equitable access to health services across the social and geographical expanse of the country. Emphasis will be given to increasing the aggregate public health investment through a substantially increased contribution by the Central Government. It is expected that this initiative will strengthen the capacity of the public health administration at the State level to render effective service delivery. The contribution of the private sector in providing health services would be much enhanced, particularly for the population group which can afford to pay for services. Primacy will be given to preventive and first-line curative initiatives at the primary health level through increased sectoral share of allocation. Emphasis will be laid on rational use of drugs within the allopathic system. Increased access to tried and tested system of traditional medicine will be ensured. Within these broad objectives, NHP-2002 will endeavour to achieve the time-bound goals for eradication of the following diseases:—

i.	Eradicate Polio and Yaw	2005
ii.	Eliminate Leprosy	2005

iii.	Eliminate Kala Azar	2010
iv.	Eliminate Lymphatic Filariasis	2015
v.	Achieve Zero level growth of HIV/AIDS	2007
vi.	Reduce Mortality by 50% on account of TB, Malaria and other Vector and Water Borne diseases	2010
vii.	Reduce Prevalence of Blindness to 0.5%	2010
viii.	Reduce IMR to 30/1000 and MMR to 100/Lakh	2010

(d) In order to ensure availability of drugs at reasonable prices, the Government has been promulgating Drugs (Prices Control) Order under the Essential Commodities Act, 1955 from time to time. Medicines under the Disease Control Programmes are provided free of cost.

Side-effects of drugs

†1829. SHRI RAM JETHMALANI:
SHRI RAJIV RANJAN SINGH 'LALAN':

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a number of such drugs are being openly sold and used in the country which cause side-effects in the form of nerve damage, heart beat, bone marrow depression, liver damage and eye nerve damage;

(b) whether it is also a fact that there is a ban on the sale and use of such drugs in several developed countries of the world; and

(c) if so, the details thereof together with the steps proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) No, Sir. Certain drugs and formulations discontinued in Europe and U.S. continue to be marketed in

†Original notice of the question was received in Hindi.